



PUBLIC ACCOMMODATION LICENSE APPLICATION

MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
FOOD & CONSUMER SAFETY SECTION

License Fees: ☐ 1 - 10 rooms - \$40 ☐ 11 - 25 rooms - \$80 ☐ 26 or more rooms - \$160

Licensee (Operator/Owner) Name: _____

Establishment Name: _____

Establishment Location Address: _____

City: _____ Zip Code: _____ County: _____

Mailing Address (If different from above): _____

City: _____ State: _____ Zip Code: _____

Contact Telephone: (____) _____ Contact FAX: (____) _____ Email: _____

I hereby certify that the information I have supplied above is true and correct.

Licensee Signature: *******VOID******* Date: _____

**Regulatory authority must submit applications with fees to DPHHS/FCSS.
DPHHS will not accept license applications directly from applicants.**

This Section is to be completed and signed by the Regulatory Authority Only!

Type of Establishment: (Check one or more – fee is determined by the total number of guest rooms available)

- ☐ Hotel / Motel # of rooms _____ ☐ Bed & Breakfast # of rooms _____
☐ Boarding House / Rooming House / Hostel # of rooms _____ ☐ Tourist Home / Vacation Home # of rooms _____

Water Supply:

- ☐ Public, PWSID # _____
☐ Private, Test Results Satisfactory? ☐ Yes ☐ No

Previously Licensed: ☐ No ☐ Yes Former name of Establishment: _____

Previous License Number: _____ Last Calendar Year Licensed: _____

License Limitations and Restrictions: _____

(The above statement will appear on the printed license identifying restriction with this license)

*******VOID*******
SIGNATURE OF REGULATORY AUTHORITY: _____

(Signature verifies compliance with applicable statutes and rules for this establishment – 50-51 MCA & ARM 37.111.1. 1 or 3)

PRINTED NAME OF REGULATORY AUTHORITY: _____

DATE: _____ COUNTY: _____

(SAMPLE)